

## **Vermont State Hospital Treatment Review Panel**

### **April 16, 2009 Minutes**

Present: Jay Batra, MD, VSH Associate Medical Director; Terry Rowe, VSH Executive Director; panel members: Stuart Graves, MD, Liz Mickenberg, LICSW; Wanda Cosman, RN

Absent: Richard Lanza, Psychologist-Master; there were no members of the public in attendance.

Stuart Graves convened the meeting at 3:00 p.m. in the office of Terry Rowe, Dale Building. The meeting adjourned at 5:00 p.m.

Dr. Batra was introduced to the panel. Dr. Graves provided an overview of the Doe v. Miller decision that established the treatment review panel. The panel composition must include a psychologist, a psychiatrist, a social worker and a nurse who are not employees of the Vermont State Hospital. The panel meets quarterly to review VSH emergency involuntary treatment.

Terry Rowe provided grievance information, but the panel agreed that it is useful to have Anne Jerman and/or other key staff available during its meetings to respond to questions and provide process information that may not be clear to the panel. Grievance review will take place at the next scheduled meeting when staff member(s) will be made available.

The panel devoted the remainder of the meeting to discussion of unit decompression at VSH. Through the use of a case presentation, Dr. Graves illustrated stressors within the MH system and how the system responds. Often functioning as separate components, lacking the requisite coordination, the system struggles to share the responsibilities and risks of meeting very challenging patient needs.

Increased effectiveness demands flexibility in transit between the defined levels of care. Terry Rowe described how the Vermont State Hospital's limited number of beds, small physical size and staff resources limit its ability to provide a therapeutic environment. As an example, VSH must admit patients that are denied admission elsewhere. The result is a stressed environment with overwhelmed resources and diminished ability to meet patient needs. An imbalance in inpatient diagnoses stresses the care setting, increases the need for staff resources and physical space and ultimately overwhelms VSH capacity to provide quality response to client needs. To improve this situation, the system must have increased capacity, better systems management, enhanced information systems and a priority on coordination across the MH care spectrum.

Next meeting date is to be determined. The panel will review grievances with VSH staff participation. Also, it will continue to discuss preplacement visit and the question of how the system can work together to benefit each care environment's ability to best meet the needs of very ill people.

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